

**CLAIM FOR TEMPORARY QUARTERS SUBSISTENCE ALLOWANCE (TQSA)**

(EUSA REG 690-10)

**PRIVACY ACT STATEMENT**

1. **AUTHORITY:** Title 5, United States Code, section 5922 and executive order 9397.
2. **PRINCIPAL PURPOSE:** To determine employee eligibility and appropriate amounts of Temporary Quarters Subsistence Allowance (TQSA).
3. **ROUTINE USE:** None
4. **DISCLOSURE:** Disclosure of requested information is voluntary, however, if information is not provided the employee will be denied TQSA.

EMPLOYEE NAME:

SSN:

GRADE:

DATE EMPLOYEE ARRIVED/DEPARTED FOREIGN POST

DATE TQSA BEGAN

DATE FAMILY MEMBER(S) ARRIVED/DEPARTED FOREIGN POST

NEW DUTY STATION

**DATE OCCUPIED/VACATED PERMANENT QUARTERS**

EMPLOYEE

FAMILY MEMBERS

NAME(S) OF FAMILY MEMBER(S) INCLUDED IN CLAIM *(Show only eligible members of family included in travel authorization)***INSTRUCTIONS**

Complete claim on SF 1190 and submit to the Civilian Personnel Office. Claim only actual expenses. Itemize all expenses.

Submit receipts for quarters expenses and laundry and dry cleaning costs other than when coin operated facilities are used.

Submit receipts for any individual meal which exceeds \$10 for Breakfast, \$10 for Lunch and \$15 for Dinner (less tip).

If expenses are claimed for temporary quarters occupied at different locations by the employee and family members use a separate expense itemization sheet for each location.

Occupancy of permanent quarters occurs when the employee or any member of the family starts occupying the permanent quarters.

**REMARKS OR EXPLANATION**

EMPLOYEE SIGNATURE

DATE

# DAILY ITEMIZATION OF TQSA EXPENSES

NAME:	GRADE:	SSN:	\$1 U.S. Equal W _____
ORGANIZATION:			OFFICE TEL #:

DATE	LODGING LOCATION	LODGING COST		NO. OF PERS			**MEAL COST (INCLUDE TIPS)			TOTAL (MEAL COST)	*LAUNDRY & DRY CL	
		WON	DOLLAR	MBR	DEP	AGE	BREAK- FAST	LUNCH	DINNER		COIN	OTHER
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<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>SIGNATURE</span> </div>	1st 30 days = \$ _____ 2nd 30 days = \$ _____ Add'l 60 days = \$ _____
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**NOTE:** \* Submit receipts or other appropriate documentation for the daily cost of temporary quarters laundry/dry cleaning, and for any individual meal (less tip) which is over \$10 for Breakfast, \$10 for Lunch and \$15 for Dinner.

\*\* Show "C" for each commercial meal and "H" for each home prepared meal.